FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORM 1 (See instructions)					
1. NAME OF		(Check if name	Example: If typying, type		Office use only	
COMMITTEE (in	n full)	is changed)	over the lines	12FE4M5		
ı WellPoint, İn	c. WELLPAC					
	. 120				<del></del>	
ADDRESS (number and	d street)					
(Check if add	dress					
is changed)	India	napolis		LIN	46204	
			CITY▲	STATE▲	ZIP CODE 📥	
COMMITTEE'S E-MA						
Tracy.Winn@	antnem.com					
COMMITTEE'S WEE	B PAGE ADDRESS (L	IRL)				
			<u> </u>			
1	111111			11111		
COMMITTEE'S FAX	NUMBER					
با لبنا	سيا لي					
2. DATE <b>M</b>	M / D D / Y	2007				
3. FEC IDENTIFIC	ATION NUMBER		C C00197228			
4. IS THIS STATE	MENT NEV	V (N) OR	X AMENDED (A)			
I certify that I have exar	nined this Statement and	I to the best of my know	wledge and belief it is true, correc	et and complete		
	1	Marjorie Maginn				
Type or Print Name o	Treasurer	narjone magnin				
Signature of Treasure	er Electronically File	d by <b>Marjorie N</b>	laginn	Date 0 1 M	002 YYYY	
NOTE: Submission of f			v subject the person signing this S			
Office			For further information	on contact:	EEC EODM 1	
Use Only			Federal Election Communication Toll Free 800-424-953 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)	